

DIRECT DEPOSIT AUTHORIZATION FORM

IMPORTANT! Please read and sign before submitting.

I hereby authorize Fredonia-Moccasin U.S.D. #6 and the financial institution shown to deposit my pay directly to my account each payday and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) account. This authority will remain in effect until I file a new Authorization Form.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

ACCOUNT INFORMATION

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

2. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

3. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

Check One

- Add - Deposit my pay to the account shown*
- Change - Change financial institutions and/or account number.*
- Cancel - Stop my participation in the program.

*Due to the time required for Company and bank processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

Attach a voided check to form